UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for non-prisoners to file a civil complaint. NEATLY print in ink (or type) your answers.

TOWTER U. WINCO ST.,
[You are the PLAINTIFF, print your full name on this line.]

V.

[The DEFENDANT is who you are suing. Put <u>ONE</u> name on this line. List <u>ALL</u> defendants below, including this one.]

Case Number

3:19CV351

[For a new case in this court, leave blank. The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is <u>VERY IMPORTANT</u> that you include it on <u>everything</u> you send to the court for this case. <u>DO NOT</u> send more than one copy of anything to the court.]

CIVIL COMPLAINT

#	Defendant's Name and Job Title	Address
1	[Put the defendant named in the caption in this box.] Program Director [KE Shipmen	1000 south Michigan H South Bend, IN 46601
2	[Put the names of any other defendants in these boxes.] Head of Posone / Michelle Ruth	1000 south Michigen St. South Bend, IN 46601
3		

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and address of each defendant in a separate box as shown here.]

1. How many defendants are you suing?	
2. What is your address? 24581 Nash Avenue, South Bend,	
IN 46619	
3. What is your telephone number: (<u>574)</u> 202-578/	_

- 4. Have you ever sued anyone for these exact same claims?
 - ₩ No.
 - Yes, attached is a copy of the final judgment <u>OR</u> an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

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CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how these events happened.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

DO NOT: Include the names of minors, social security numbers, or dates of birth.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [The first paragraph has been numbered for you.]

1. Being terminated, because of alleged medical reason finbricate by Michelle Rith end | Ke Shipmen on the serme two individuals put em to sign a form their I was I take to my doc otor without me (Tonjia C. Wingo Sr.) be allowed the time to read the information with my doctor.

2. Michelle Roth vanted me to fell out
documents she already had in herpossesson
"approved" forcing on 155,00, not conjun
Policy nor procedure and Starting that
It was a company policy, only to sterte
later it is not company ploney (45 to)
asked her for a copy of sout policy)
shothen went on to state it was an
America with Disability Policy (ADA) o None
of which is true.

(INND Rev. 8/1b) page 3

Claims and Facts (continued)
3. Ike Shipmen helped fabricate all illeve
actions muchelle Ruth execute, and he
INGS Withers and In the meeting, about
all questions about my sersonal medical
condition without any reason for the action
take. Both Violage Hipp Lans when with or
PRIOR LAWSUITS – Have you ever sued anyone for this exact same event?
Ø No.
Yes, attached is a copy of the final judgment <u>OR</u> an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).
RELIEF – If you win this case, what do you want the court to order the defendant to do?
Pay compensation for current and
futher percurry 10sses and the mental
anguish in the seine.
FILING FEE – Are you paying the filing fee?
Yes, I am paying the \$400.00 filing fee. I understand that I am responsible to notify the
defendant about this case as required by Federal Rule of Civil Procedure 4. [If you want the clerk to sign and seal a summons, you need to prepare the summons and submit it to the clerk.]
No, I am filing a Motion to Proceed In Forma Pauperis and asking the court to notify the defendant about this case.
[Initial Each Statement]
$\mathcal{T}.\omega$. I will keep a copy of this complaint for my records.
Tw. I will promptly notify the court of any change of address.
T.W. I declare <u>under penalty of perjury</u> that the statements in this complaint are true.
Tanis N 1/10 8. 5.2.19
Signature Date

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EECK	Form 5 (5/01 -	administration of the person of the factor	eritaria yazar mana	A.A.M. W. N. W. W.	and the second s		
CHARGE OF DISCRIMINATION			Charge Presented to: Agency(les) Charge No(s)				
This form is affected by the Privacy Act of 1974. See exclosed Privacy Act Statement and other information before completing this form.				FEPA Amended Charge No. 24M-2019 0000 \ X EEOC			
	Sou		nan Rights Cor	<u>nmiss</u>	ionand EEOC		
Name (indicate Mr. Ms. Mrs.) Mr. Toniia Wingo		The state of the second	Home Phone (Incl. Area Code) Date of Birth (574) 202-5781 05/25/1967				
Street A	ddress Nash Avenue		and ZIP Code end, IN 46619				
Named	is the Employer, Labor Organization, Employe	nent Agency, /	Apprenticeship C	Commit	itee, or State or Local Government Agency		
and the same of the same of the same	elieve Discriminated Against Me or Others. (fi		<u>a, list under PAF</u> No. Employees,				
Hite of	Passage	· · · · · · · · ·	15-100	(MGHIL)	(574) 344-3919		
Street A		* 1	nd ZIP Code	A			
the section of a decision of	3. Michigan Street	and there is a district a charge to di-	nd, IN 4660 No. Employees,	depleases the comment	ers Phone No. (Include Area Code)		
Name			ric. Lingioyaas,	INCHID	Thursday, (morode med Gode)		
Street A	ddress	City, State a	nd ZIP Code	di ali alan sua s	The second secon		
m10~0	MINATION BASED ON (Check appropris	man man man	A.M.A.M.A.M.A.M.A.M.A.M.A.M.A.M.A.M.A.M		DATE(S) DISCHIMMATION ON KARAGE		
DISCH	MINATION BASED ON (Clieck approprie	ate DOX(ES).)		es l'access d'est l'e			
X RA	CE _ COLOR _ SEX _ RELIGIO	NATIC	MAL ORIGIN	The state of the s	Earliest La 76 51		
X RE	TALIATION X AGE X DISABILITY	OTHER	(Specify belove	w.)	_ CONTINUING ACTION		
THE PA	ARTICULARS ARE (If additional paper is	needed, atta	iched extra she	et(s))	a managama na nananana na nana na na na na na na		
 Charging Party, Tonjia Wingo ("CP"), an African-American male, was hired by Respondent, Rite of Passage ("R"), in or about 2017. At the time of his separation, CP's job title was a Coach Counselor. 							
2.	At all times CP met or exceeded	R s legitim	ate expectal	ions	of performance.		
3.	CP is disabled as that term is defi perform his position with or withou	_					
4. In January 2018, CP submitted work restrictions prepared by his doctor after he experienced discomfort in his chest. After a brief exchange of information, R initially granted CP's request for a reasonable accommodation. With the offered accommodations, CP was able to perform the essential functions of his job.							
5: In or about May or June 2018, CP was told that his medical paperwork had 'disappeared.' He approached Human Resources about his medical restrictions, and R took the position that CP had to resubmit information regarding his medical condition and work restrictions. Despite the fact that neither his job nor his restrictions changed, R engaged CP and his doctor in a series of inquiries throughout the summer and into the fall.							
6. In response to what CP reasonably believed was unlawful conduct, he filed a charge of discrimination with the EEOC on July 12, 2018, 24M-2018-00179. Thereafter, CP contents he was retallated against. By way of example, R is requiring an inordinate amount of information about his condition; changed his job description despite there being no charthe position; was subjected to a second criminal background check; forced to submit to test							

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- 7. On October 2, 2018, R confronted CP and required him to sign certain paperwork. CP declined to execute the paperwork until after he reviewed it. By that evening he provided the additional information requested of him and returned the document signed. CP was thereafter placed on leave until corporate reviewed his medical restrictions.
- 8. On October 21, 2018, R promised to pay CP for the time he was off work.
- 9. On October 25, 2018, R notified CP that it was eliminating his position because it couldn't accommodate him, a reversal of its January 2018 decision despite no change in CP's condition, work restrictions, requested accommodations, or job duties. Upon information and belief, R has since told the Indiana Department of Workforce Development that CP was on a 'medical leave.'
- 10. R has accommodated other employees with serious health problems previously by changing their job duties. These individuals were Caucasian and younger than CP.
- 11. CP's rights afforded to him by Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act. CP seeks to pursue all remedies available to him under these statutes.
- 12. CP reserves the right to amend or modify this charge as additional information becomes available to him.

I declare under penalty of perjury that the above is true and correct.

Isway I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief

SIGNATURE OF COMPLANANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

DISMISSAL	ΔND	NOTICE	OF RIGHTS

2458 ²	a Wingo 1 Nash Ave n Bend, IN 466	19		From:	Indianapolis Distri 101 West Ohio St Suite 1900 Indianapolis, IN 46		
		ehalf of person(s) aggriev FIDENTIAL (29 CFR §16	-				
EEOC Charg	e No.	EEOC Re	presentative			Telephone No.	
			k J. BruBaker,				
24M-2019	-00002	Enforce	ment Supervisor			(317) 226-7350	
THE EEO	C IS CLOSING	ITS FILE ON THIS	CHARGE FOR THE F	OLLO	WING REASON:		
	The facts allege	ed in the charge fail to	state a claim under any	of the st	tatutes enforced by the	EEOC.	
	Your allegations did not involve a disability as defined by the Americans With Disabilities Act.						
	The Responder	nt employs less than th	e required number of e	mployee	s or is not otherwise co	vered by the statutes.	
	Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the allege discrimination to file your charge						
X	The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.						
The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.						nat investigated this charge.	
	Other (briefly state)						
- NOTICE OF SUIT RIGHTS - (See the additional information attached to this form.)							
Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)							
alleged EPA	underpaymen					willful violations) of the ore than 2 years (3 years)	
		7	On behalf of the	e Comm	nission W.,	FEB 1 1 2019	
Enclosures(s)		-//	Michelle Eise District Direc	,	V	(Date Mailed)	

CC:

Rick Wright, HR Director RITE OF PASSAGE, INC. 2560 Business Parkway Suite A Minden, NV 89423 Christopher S. Wolcott THE WOLCOTT LAW FIRM 450 E. 96th Street Suite 500 Indianapolis, IN 46240